



Department of Conservation Division of Recycling

DOR 56 (06/07)

801 K Street, MS 17-24 • Sacramento, California 95814
Phone 916/323-5778 • **Fax** 916/445-0645 • **TDD** 916/324-2555
Website www.conservation.ca.gov

QUALITY INCENTIVE PAYMENT CLAIM FORM

Application for the month of: _____ Year: _____

Certification Number: _____

Facility Name: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: _____

Color Sorted Glass:	FLINT	AMBER	GREEN
Redemption Weight (Tenth of Tons)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plastic Sorted by Resin type:	#1 PET	#2 HDPE	#3 PVC	#4 LDPE	#5 PP	#6 PS	#7 Other
Redemption Weight (Tenth of Tons)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Aluminum: Redemption Weight (Tenth of Tons)	<input type="text"/>
---	----------------------

To be eligible to submit Quality Incentive Payment Claim Forms DOR 56 (06/07), the sorting facility must have a Division approved methodology to attribute beverage container materials to the types of programs from which they were received.

The Division shall pay a Quality Incentive Payment for:

Glass which is collected by curbside programs or dropoff and collection programs, color sorted and substantially free of contamination; Plastic which is collected by curbside or dropoff and collection programs, that are sorted by resin type and substantially free of contamination; Aluminum which is collected commingled by curbside, dropoff and collection programs, subsequently cleaned of any and all metallic and nonmetallic items other than aluminum containers.

To be eligible for payment, a Quality Incentive Payment Claim Form DOR 56 (06/07) must be submitted to the Division, no later than the first day of the second month following the reporting month. Applications postmarked after this date or incomplete applications may be denied payment.

I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Signature and Title of Authorized Representative

Date